





How it Benefits Your Bottom Line & Community

Tobacco use is the leading preventable cause of death and disease in the United States, imposing a huge health and financial burden on businesses and families.

Businesses can benefit by understanding the **Serious Impact** of tobacco, implementing programs and policies to achieve **Serious Gains** and supporting a healthier community for **Maximum Return**.



Serious Impact

Tobacco Use Hurts Your Bottom Line

Corporate leaders today are well aware that rising health care costs are one of the biggest threats to their bottom lines. What is not as well known is the significant role of smoking and other tobacco use in driving these costs. In fact, tobacco use is the leading preventable cause of death and disease in the United States. Business bears the burden of tobacco-caused illness — and the resulting health care bills — among employees, family members and even retirees. Reducing tobacco use and its preventable costs is critical to optimizing profits and improving worker health and productivity.

THE HEALTH CARE COSTS OF SMOKING

Smoking harms virtually every organ in the body, causing multiple cancers, heart disease, chronic respiratory diseases and numerous other ailments. It's no surprise then that smoking-related illness results in almost \$100 billion in health care costs each and every year, and business bears much of that burden. Private insurance pays for nearly 50 percent of smoking-related medical costs for people ages 19 to 64.

Even though they live significantly shorter lives, smokers on average incur \$15,000 to \$17,000 more in lifetime health care costs than non-smokers.³

Of course, the worst cost of smoking is human life. Tobacco use kills more than 400,000 Americans every year, and smoking cuts lives short by an average of 12 to 14 years. Tobacco use kills more than 400,000 Americans every year. Half of long-term tobacco users become ill and die of smoking-related illnesses in middle age.⁴

CSX CORPORATION, a transportation company based in Jacksonville, FL, has taken steps to reduce health care costs while increasing productivity by helping its employees stop smoking. The corporation provides coverage for doctor visits, medication and counseling, in addition to CDC-recommended comprehensive smoking cessation treatment benefits. The director of health and wellness explains, "Our role in this partnership is to provide support, incentives and encouragement. Through this effort, we have helped 50 percent of CSX participants make successful quit attempts. While protecting the health of workers and their families, the effort is helping to curb our company's health care costs while improving overall productivity."9

IMPACT ON WORKER PRODUCTIVITY

Healthier workers are more productive workers, and it is clear that non-smokers are healthier workers.

- Smokers are absent from work seven to 10 more days per year than non-smokers.⁵
- A study of current, former and never smokers over time showed that current smokers had significantly greater absenteeism than never smokers, with former smokers in between. Former smokers also showed an improvement over time in productivity measures, compared to current smokers.⁶
- Smoke breaks are disruptive, take time away from work and may be viewed as unfair by fellow workers. One survey found that three 15-minute smoking breaks a day amounted to a full year of a worker's life spent smoking.⁷
- A study for the U.S. Navy showed that smokers had poorer job performance reviews.⁸



AT HEARTLAND COMMUNICATIONS GROUP, INC.,

based in Fort Dodge, IA, the director of human resources took proactive steps to help smoking co-workers prepare for the statewide smoke-free law that took effect in July 2007. She set up "The Quitters' Club," with the motto "Quitters do win, and winners do quit."

Nonsmoking employees showed support for co-workers trying to quit by providing them with lunch. In addition to increased productivity, the human resources director notes that because of the club, "We will see lower absenteeism, healthier employees, lower insurance rates, but more importantly than that, these people will make a change in their lives that is just incredible."

SMOKING IN THE WORKPLACE

Businesses that permit smoking experience higher fire and property insurance costs, as well as higher costs of cleaning and maintenance due to smoke damage. Commercial cigarette fires cause about \$500 million in damages and kill 2,000 people each year. Cleaning costs associated with smoking in the workplace total about \$4 billion per year.

Smoking harms businesses in less obvious ways as well. In addition to the direct harms of smoking, secondhand smoke is also a serious health hazard that causes lung cancer, heart disease and other ailments in nonsmokers. Even if your workplace is smokefree, your employees may be exposed in restaurants, bars and other public places.

- Smokers exposed to secondhand smoke suffer from acute respiratory problems and require more outpatient treatment.¹²
- In addition to their increased risk for cancer, heart disease and other illnesses, nonsmokers exposed to secondhand smoke in the workplace tend to be less productive.¹³

RESCUE YOUR BOTTOM LINE

The good news is that the human and economic toll of tobacco use is preventable. Businesses can take proven steps in the workplace to reduce smoking and exposure to secondhand smoke among employees and dependents. Just as important, businesses can play a vital role in community efforts to protect workers and families from tobacco use. The accompanying brochures describe how you can act now both in your company and in your community to reduce tobacco's toll on your workforce and your bottom line.







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Serious Gains

Reducing Tobacco Use Improves Productivity and Profit

Helping your employees who smoke to quit and protecting all employees from secondhand smoke can increase the health of your workforce and your bottom line. There are several ways you can support tobacco control "inside the walls" of your business. A model workplace tobacco control program includes a set of policies, benefits and programs that will encourage employees not to use tobacco in the workplace and to quit using tobacco altogether. A comprehensive approach includes campus-wide tobacco-free policies, first-dollar health plan coverage of tobacco cessation treatment and onsite support and access to tobacco cessation treatment, such as community programs or telephone quitline services. Details follow on how to implement each of these.

IMPLEMENT MODEL TOBACCO-FREE POLICIES¹

Tobacco-free policies protect nonsmokers from secondhand smoke and help smokers quit successfully.2

Adopt a model tobacco-free workplace policy. Implement a campus-wide policy prohibiting tobacco use
 —both inside and outside, including company vehicles, rental space and all onsite and offsite locations.^{3,4}
 Model policy language is available at http://www.cdc.gov/tobaccofree/policy.htm.

Employees who smoke have higher absentee rates, lower job productivity and higher health care costs. 6 Cigarette smokers have twice the risk for heart disease—the leading cause of death in the U.S. — and are at even higher risk for many other diseases and illnesses, such as lung cancer and chronic lung disease.7 However, within just one year of quitting successfully, a former smoker's overall health improves, productivity increases and a trend in lower health care costs begins.8 Tobacco cessation services save lives, improve health and reduce health care costs, 6 yet currently very few employers cover the recommended screening and treatment package.9 Offering the recommended tobacco cessation package to all smokers nationwide would result in a net medical cost-savings of \$3 billion annually. 10

- Promote the policy widely. Distribute information about
 the health risks of tobacco use, the consequences of using
 tobacco in prohibited areas and the availability of proven
 quitting aids and programs. Post signs indicating a tobaccofree workplace.
- Support the policy through your company's infrastructure. Train supervisors and human resource staff on how to implement and enforce this policy. Femove tobacco products from onsite vending machines, food services, restaurants and retail outlets. Host meetings in smokefree locales.
- Make sure employees know the consequences of noncompliance. Use e-mail, newsletters, payroll inserts and announcements as communication channels to prepare your workforce 60–90 days in advance of your policy implementation date. Send reminder messages with information on programs and services available to help smokers quit.



OFFER PROVEN TOBACCO-USE TREATMENT BENEFITS THROUGH YOUR HEALTH PLAN¹¹

Providing tobacco-use treatment benefits through your health plan increases the number of tobacco users who quit and remain tobacco-free. Effective interventions or treatments include counseling and medications. Health plan coverage of effective tobacco-use treatments costs employers, on average, 10–40 cents per member per month, 14,14,15 but savings exceed the cost of the services within three to five years. 15,12

- Identify ways to improve coverage of tobacco-use treatment services. Investigate what coverage currently exists and what improvements or expansion of coverage is possible under your health plan.
- **Negotiate model benefits with your health plan.** Model benefits language is available at: http://www.businessgrouphealth.org/tobacco/benefits/index.cfm#recommended. Make sure to include all of the recommended tobacco-use treatment benefits listed below:^{14,16}
 - Effective tobacco-use treatments are provided and/or covered
 - Multiple forms of counseling (i.e., individual, group or telephone) are offered/covered
 - FDA-approved prescription drugs, including bupropion (Zyban®, Wellbutrin®), varenicline (Chantix™), and prescription nicotine replacement therapies (i.e., nasal spray, inhaler, patch) are covered
 - Over-the-counter nicotine replacement therapies (i.e., gum, patch, lozenge) are provided or covered
 - Each course of treatment covers a minimum of four 10-minute counseling sessions, follow-up contact and a 90-day course of medication
 - A minimum of two courses of therapy (i.e., counseling and medications) is covered each 12-month period
 - · All copays and other fees for counseling and medications are eliminated or minimized
 - Spouses and dependents are covered
 - Retirees are covered



- Promote existing coverage for tobacco treatment benefits. Inform your employees of the benefits available to them through e-mail, newsletters, payroll inserts and Summary Plan Descriptions. Communicate any benefit changes to employees as quickly as possible and encourage employees to talk to their health care providers about effective treatments.¹⁷
- Inform your employees of available medications. Send detailed information on the prescription and drug therapy coverage they can receive through their health benefits. Encourage them to use health savings accounts for services that are not yet covered under your plan.
- Step up promotion of coverage at opportune times. Many smokers try to quit at the beginning of the calendar year or just after new tobacco laws or policies are introduced by your community or state (e.g., smoke-free air laws, tobacco tax increases). These policies help encourage smokers to try to quit, so make sure you remind your employees of their options for treatment.²

COMPREHENSIVE TOBACCO-USE TREATMENT

Comprehensive tobacco-use treatment generally includes three components: screening, counseling and medication (including over-the-counter nicotine replacement therapy). Below is a brief description of the model recommended coverage for each service. 14,16

SCREENING — a medical professional asks the patient if he or she uses tobacco products and is ready to quit. Coverage should include brief counseling efforts by a health care provider during office visits.

COUNSELING — a trained provider gives personalized guidance on ways to quit tobacco. Coverage for counseling should include at least four 30-minute sessions of individual (face-to-face), telephone or group counseling. Follow-up should be included for recent quitters (less than one year) to prevent relapse.

PHARMACY SUPPORT — FDA-approved medications to help tobacco users quit. Coverage for medication should include all FDA-approved medications. These include over-the-counter and prescription nicotine replacement therapy — i.e., gum, patch, inhaler, nasal spray and lozenge — and prescription non-nicotine medications — i.e., buproprion (Zyban*, Wellbutrin*) and varenicline (ChantixTM). Coverage should also allow for use of two medications at a time.¹³

While each of these services is effective alone, a combination of counseling and medication improves success rates, and coverage should allow both. ¹³ In addition, coverage for up to two 90-day courses of medication and two courses of counseling should be included each benefit year. Co-pays and deductibles should be reduced as much as possible or eliminated to further encourage employees to quit.²

Studies clearly show that co-pays and deductibles reduce the use of effective treatments and reduce the number of successful quitters.²

By providing support for tobacco users to quit with proven effective methods, you can improve their health, increase their productivity and reduce your health care costs.

ACCESS TO TELEPHONE QUITLINES FOR TOBACCO USERS

Telephone quitlines offer a convenient and effective option for treating tobacco dependence by providing counseling services at no cost to the tobacco user. Some quitlines also offer access to free or discounted overthe-counter treatment medications. ¹⁸ Providing information and direct access to quitlines can increase the number of tobacco users who quit and remain tobacco-free. There are many ways to improve employee access to and use of quitlines:

- Work with your health plan to minimize or eliminate out-of-pocket costs. Many existing Employee Assistance Programs (EAP) provide comprehensive quitline services (including screening, counseling and medication assistance). Investigate your options under existing plans, and explore options to extend services to spouses and dependents.
- Contract directly with a quitline vendor. Provide quitline services to your employees directly from their desks or workstations. Working with a vendor can allow you to tailor the services to your workforce.¹⁹
- **Promote the services of your state quitline.** All U.S. states and territories currently run a tobacco quitline and provide free services, although eligibility and extent of services vary from state to state. Your state quitline is available through a portal number: 1-800-QUIT NOW. Contact your state quitline or health department to investigate options to partner with the quitline in your area.¹⁸
- Communicate information on quitlines and other available services. Promote available options to your employees through newsletters, payroll inserts, announcements, brochures, e-mails and your intranet. If services are covered under your health plan, be sure to inform employees about it in the Summary Plan Description. Be sure to emphasize to employees that quitline services are confidential.







ENDNOTES

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Maximum Return

Healthier Communities Benefit Business

Other sections of this packet have shown how businesses can improve the health of employees by taking action in the workplace to reduce tobacco use and exposure to secondhand smoke. Just as important, businesses can support efforts beyond their own walls to reduce tobacco use and improve health in the larger community, where employees and their families live, work and play — and where the next generation of employees is growing up. A healthy community means healthy employees and health care savings for your business.

HELPING BUILD A HEALTHIER COMMUNITY

Businesses can contribute to a healthier community — and a healthier workforce — by supporting proven measures to reduce tobacco use and exposure to secondhand smoke. Businesses like yours can get involved in two ways:

- Working with state and local tobacco control advocates, you can urge elected leaders to support proven solutions, such as well-funded tobacco prevention and cessation programs, smoke-free workplace laws, and higher tobacco taxes. If you want to help change policies on tobacco, send an e-mail to policy@tobaccofreekids.org, and we will put you in touch with people working to make your state and community healthier.
- Working with your state's tobacco prevention and cessation program, you can be directly involved in efforts to reduce tobacco use in your community. If you want to get involved in these efforts, send an e-mail to prevention@ tobaccofreekids.org, and we will connect you with your community or state's point person.

Business leadership is critical to focusing attention on the serious problem of tobacco use and urging state and community leaders to take action.

THE STATE TRIFECTA: INTERVENTIONS THAT WORK

The Campaign for Tobacco-Free Kids and the Partnership for Prevention work at the national, state and local levels to support programs and policies that have been proven to improve the health of adults and youth alike. At the state and local level, three evidence-based interventions that directly reduce tobacco use and improve the health of your community are:

- 1) Tobacco prevention and cessation programs that include both statewide and local efforts
- 2) Smoke-free workplace laws that make all workplaces and public places smoke-free
- 3) Higher tobacco taxes

Businesses can play an important role in putting these life- and cost-saving interventions in place — and can participate in the programs themselves.

TOBACCO PREVENTION AND CESSATION PROGRAMS

Guided by experts at the U.S. Centers for Disease Control and Prevention (CDC), many states have implemented tobacco prevention and cessation programs that reduce tobacco use among both adults and kids, saving lives and health care costs.

Comprehensive programs include community-based education efforts; media campaigns that discourage kids from smoking, encourage and motivate tobacco users to quit and inform them about available treatment services, and telephone quitlines that provide free treatment to all tobacco users who want to quit.

The evidence is clear that these programs work, and recent reports from the CDC, the Institute of Medicine and the President's Cancer Panel have all called for full funding of these programs in every state.¹



In California, where these programs have been in place the longest, the adult smoking rate had declined to 13.8 percent in 2007 — compared to a national rate of 19.8 percent.² As a result, between 1988 and 2001, lung and bronchus cancer rates in California declined three times faster than in the rest of the U.S.³ A peer-reviewed scientific study published in August 2008 found that California's tobacco control program saved \$86 billion in health care costs in its first 15 years.⁴ Imagine the impact on health and health care costs if this were to happen in every community. If the national smoking rate were reduced to California's smoking rate, there would be 13 million fewer adult smokers in the U.S.

Despite this evidence, and the availability of more than \$25 billion annually in revenues from tobacco taxes and lawsuits settled with the tobacco companies, few states fund these programs at the level recommended by the CDC. The Campaign for Tobacco-Free Kids and our partners work in virtually every state to increase funding for these life-saving programs, but policymakers must hear from community leaders, too.

For more information on tobacco prevention and cessation programs, please see the Campaign for Tobacco-Free Kids' report at www.tobaccofreekids.org/reports/settlements.

COMPREHENSIVE SMOKE-FREE LAWS

Even if your business is smoke-free, your employees and their families may be exposed to secondhand smoke in other venues if your state or community is not smoke-free. Passing comprehensive smoke-free workplace laws protects everyone's health and right to breathe clean air. To date, 24 states, the District of Columbia and hundreds of communities have enacted smoke-free laws that include workplaces, restaurants and bars.

Smoke-free laws not only encourage people to quit or not start, but also create a reinforcing environment for former smokers.

A 54-year-old man in Ohio who quit about a year before the statewide smoke-free law went into effect expressed his approval of the law—he even voted for it—by saying, "I don't like to be around it [smoking].

I'm afraid of the temptation."

Smoke-free laws protect people from the more than 4,000 chemicals, including more than 60 carcinogens, in secondhand smoke. Secondhand smoke is a known cause of lung cancer, heart disease, chronic lung ailments such as bronchitis and asthma (particularly in children), and low birth weight. Each year, we spend nearly \$5 billion in the United States solely to cover the health care costs from exposure to secondhand smoke.

Smoke-free laws dramatically improve air quality in workplaces and public places and almost immediately improve the health of workers. A number of recent studies have documented reductions in heart attacks following the implementation of smoke-free laws.

In addition to protecting everyone from secondhand smoke, smoke-free laws create an environment that encourages smokers to quit and discourages youth from starting. After Ohio's smoke-free law went into effect in May 2007, calls to the state telephone quitline jumped to 400 a day, compared to 100 calls per day

before the law. Smokers even praise the law, saying that it helps them stay smoke-free by reducing the temptation to smoke when they go out.⁸

The number of calls to Minnesota's quitline leapt 43 percent, claims for cessation treatment counseling increased 40 percent and prescriptions for cessation medication tripled after the state's smoke-free law went into effect in October 2007. Clearly, smoke-free laws provide smokers with the motivation to finally quit — and quit for good.



A 2008 study published in the New England Journal of Medicine found a 17 percent decrease in the number of hospital admissions for acute coronary syndrome within a year after Scotland implemented its smokefree law in March 2006; 67 percent of this decrease was among nonsmokers.¹⁰

Despite claims to the contrary, smoke-free laws protect health without harming the hospitality industry. The U.S. Surgeon General's 2006 report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, concluded, "Evidence from peer-reviewed studies shows that smoke-free policies and regulations do not have an adverse economic impact on the hospitality industry." ¹¹

The voice of businesses like yours can be critical to passing a smoke-free workplace law in your community or state. More information on smoke-free laws is available from the Campaign for Tobacco-Free Kids at www.tobaccofreekids.org/reports/shs/and from the Partnership for Prevention at www.prevent.org/actionguides/SmokeFreePolicies.pdf.

REDUCING TOBACCO USE THROUGH HIGHER TOBACCO TAXES

Research has demonstrated conclusively that raising tobacco taxes reduces tobacco use among adults and even more among youth, who are more price sensitive. Most smokers want to quit, and for many, an increase in price can be the motivation to finally do so.

In Wisconsin, which increased its cigarette tax by one dollar in January 2007, the state quitline logged a record number of calls following the increase. The state fielded 20,000 calls in the first two months of 2008, compared to about 9,000 calls in the full year before the tax increase. 12

State after state, year after year, the proof is there — higher tobacco taxes reduce tobacco use and health costs and increase revenues for states to fund important programs and balance budgets.

For more information on how higher tobacco taxes reduce tobacco use, see the Campaign for Tobacco-Free Kids' report at www.tobaccofreekids.org/reports/prices.

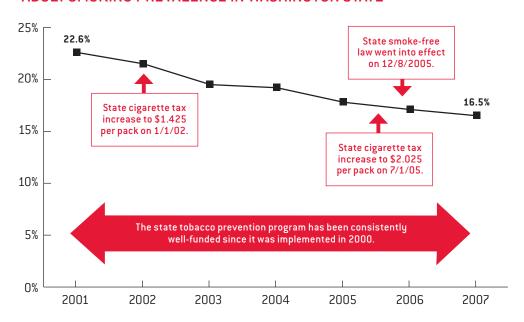
THE STATE TRIFECTA: IMPACT ON SMOKING

While each of these strategies is effective independently, their combined effect is especially dramatic.

Between 1997 and 2007, Maine was one of just a few states that funded a tobacco prevention and cessation program at the level recommended by the CDC. It also went smoke-free and raised its cigarette tax to one of the highest in the country. As a result, smoking among Maine high school students declined a dramatic 64 percent between 1997 and 2007 (from 39.2 percent to 14 percent). These declines translate to 18,000 fewer youth smokers and 5,700 youth saved from premature, smoking-caused deaths, saving Maine more than \$300 million in long-term health care costs.

Similarly, Washington state has had a well-funded tobacco prevention and cessation program, went smoke-free in December 2005 and has one of the highest cigarette taxes in the country at \$2.025 per pack. The results? Adult smoking has declined by 25 percent (from 22.4 percent in 1999 to 16.5 percent in 2007) — now one of the lowest smoking rates in the country. ¹⁴ This remarkable decline translates to more than 275,000 fewer smokers, saving about \$2.6 billion in future health care costs. The chart below shows how tobacco control programs and policies have driven this decline.

ADULT SMOKING PREVALENCE IN WASHINGTON STATE



New York City and New York state both have taken comprehensive approaches to reducing tobacco use, including several tobacco tax increases, smoke-free workplace laws implemented in 2003 and cessation assistance for smokers. Between 2002 and 2007, adult smoking rates in New York City declined by an impressive 22.7 percent (from 21.6 percent to 16.9 percent), resulting in about 300,000 fewer adult smokers.¹⁵

GETTING YOUR BUSINESS INVOLVED IN IMPROVING THE HEALTH OF YOUR COMMUNITY

As a leader in your community, you and your business can improve the health of your workforce — and reduce health care costs — by getting involved in the fight to reduce tobacco use, the nation's leading killer. While the Campaign for Tobacco-Free Kids, the Partnership for Prevention, and our partners work hard, the leadership and support of business is essential. By working with us to reduce tobacco use, your business can help build a healthier workforce, a healthier community and a healthier bottom line.







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